

**Indiana Department of Education
Office of Student Assessment**

**Assessment Committee Nomination Form
for Teacher Item Alignment Review on May 7-8, 2009**

<p>Date: _____</p> <p>Nominee Name: _____</p>	<p>Classroom Teacher <input type="checkbox"/></p> <p>Curriculum Specialist <input type="checkbox"/></p>																				
CONTENT AREA EXPERTISE (CHECK ONE OR MORE) <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Math<input type="checkbox"/> English/Language Arts<input type="checkbox"/> Science<input type="checkbox"/> Social Studies</div>																					
PREFERRED GRADE LEVEL (CHECK ONE) <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> 3<input type="checkbox"/> 4<input type="checkbox"/> 5<input type="checkbox"/> 6<input type="checkbox"/> 7<input type="checkbox"/> 8</div>																					
ADDITIONAL CERTIFICATION AREA(S) <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Gifted/Talented<input type="checkbox"/> Students with Disabilities<input type="checkbox"/> English Language Learners</div>																					
ADMINISTRATIVE AND TEACHING EXPERIENCE																					
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr style="background-color: #d3d3d3;"><th style="width: 25%;">School</th><th style="width: 25%;">Position</th><th style="width: 25%;">Grade(s)</th><th style="width: 25%;">Year(s)</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		School	Position	Grade(s)	Year(s)																
School	Position	Grade(s)	Year(s)																		
<p>Describe any experiences with Special Populations (ELL, Students with Disabilities, Gifted & Talented) or instructional leadership roles.</p> <p>_____</p> <p>_____</p> <p>_____</p>																					

DEMOGRAPHIC INFORMATIONGender: ☐ Male ☐ FemaleEthnicity: ☐ American Indian or Alaska Native ☐ Black (Not of Hispanic Origin) ☐ Asian or Pacific
Islander
☐ Hispanic ☐ White (Not of Hispanic Origin) ☐ Multiracial**HOME CONTACT INFORMATION**

Address _____

City _____

Zip Code _____

Telephone _____

Email _____

SCHOOL CONTACT INFORMATION

School Name _____

Address _____

City _____

Zip Code _____

Telephone _____

Email _____

School Number _____

Corporation Name _____

Corporation Number _____

Superintendent Signature: _____

Printed Name: _____ Telephone: _____

Return by **Wednesday, April 15, 2009** via U.S. mail, email, or facsimile to:Indiana Department of Education
Office of Student Assessment
101 W. Ohio, Suite 500
Indianapolis, IN 46204

Facsimile: 317.233.2196

Email: lpotter@doe.in.gov